EXHIBIT A

ALYON Technologies

Minor Access Affidavit

Send completed Affidavit to: Alyon Technologies PO Box 923299 Norcross, GA 30010-3299

Customer Information:		
Name:		
Address:		
City/State/Zip Code:		
Home Phone Number:		
Work Phone Number:		
Alyon Technologies A	count Number:	
Alyon Technologies Bi	lling Phone Number:	
Dispute Information:		
Nature of Disputed Cha	arges: A minor accessed the service	ce without my authorization.
Amount of Disputed C	harges: \$	
Date(s) of Invoice in D		
F		think you think a child incurred the charges
·		

addresses listed on the ac submitting is truthful ar Order approved by the Commission, Alyon has	ecount. To be eligible for a credit, you ad accurate to the best of your know Federal Court for the Northern Dis	is form. Responses will be sent to the a must affirm that the information you are ledge. Please be aware that in an agreed strict of Georgia and the Federal Trade sue appropriate legal action against any
subject to the penalties f	<u> </u>	of my knowledge and make this statement and 28 U.S.C. §1746, which provide for a ears, or both.
Signature	Print your name	Date

EXHIBIT B

ALYON Technologies

No Authorization Affidavit

Send completed Affidavit to: Alyon Technologies PO Box 923299 Norcross, GA 30010-3299

Customer Information:		
Name:		
Address:		
City/State/Zip Code:		
Home Phone Number:		
Work Phone Number:		•
Alyon Technologies Account N	lumber:	
Alyon Technologies Billing Ph	one Number:	
Dispute Information:		
Nature of Disputed Charges: I	am the line subscriber (t	ne person responsible for the bill) for the
telephone number being billed.	I never personally acce	ssed the service nor authorized anyone else to
access the service.		
Amount of Disputed Charges:	\$	
Date(s) of Invoice in Dispute:		
Give a brief explanation of the	dispute:	
If you need additional space, p	lease use the reverse of t	his form. Responses will be sent to the
		ou must affirm that the information you are
1		vledge. Please be aware that in an agreed
· · · · · · · · · · · · · · · · · · ·		istrict of Georgia and the Federal Trade
,	0 0 1	ursue appropriate legal action against any
consumer who submits an untr	uthful affidavit.	
		of my knowledge and make this statement
	· ·	of and 28 U.S.C. §1746, which provide for a
possible fine or imprisonment of	not more than five (5) y	ears, or both.
Signature	Print your name	Date

EXHIBIT C

ALYON Technologies

Wrong Number Affidavit

Send completed Affidavit to: Alyon Technologies PO Box 923299 Norcross, GA 30010-3299

Customer Information:				
Name:				
Address:				
City/State/Zip Code:				
Home Phone Number:				
Work Phone Number:				
Alyon Technologies Account	Number:			
Alyon Technologies Billing Pl	none Number:			
Dispute Information:				
Nature of Disputed Charges: The telephone number on the bill is not a telephone number that I was				
subscribed to at the time of the	charges itemized on the b	ill		
Amount of Disputed Charges:	\$			
Date(s) of Invoice in Dispute:				
Give a brief explanation of the	e dispute (explain why you	think you were billed for a call you		
are not responsible for):				
If you need additional space, p	olease use the reverse of the	is form. Responses will be sent to the		
addresses listed on the account.	To be eligible for a credit, you	u must affirm that the information you are		
submitting is truthful and accur	rate to the best of your know	ledge. Please be aware that in an agreed		
		strict of Georgia and the Federal Trade		
Commission, Alyon has retained all of its legal rights to pursue appropriate legal action against any				
consumer who submits an unt	ruthful affidavit.			
I declare that the foregoing is to	rue and correct to the best of	of my knowledge and make this statement		
		1 and 28 U.S.C. §1746, which provide for a		
possible fine or imprisonment of	of not more than five (5) ye	ears, or doin.		
Signature	Print your name	Date		